The Importance of Securing a Pre-Service (Prospective) Authorization

CenCal is responsible for ensuring that our members receive medically necessary services in a timely manner. In a recent Health Services report, we identified a significant increase in the volume of retrospective requests. Retrospective authorization of services is not the standard of practice, and may be requested only under certain circumstances:

1. A member's eligibility is unidentified at the time of service, or
2. The rendering provider was unaware of the member's coverage, or
3. An extenuating circumstance exists that disallowed the provider to submission the request before the service was rendered, such as, the member was not able to provide coverage information, the provider verified a different insurance prior to rendering services, or in an emergency situation

Services or referrals that require prior authorization should be submitted through the Provider Portal or to the Health Services Department's consolidated fax line at (805) 681-3071. Please submit your TAR, RAF, 18-1 or 20-1 to CenCal as soon as possible but no later than seven (7) calendar days before the anticipated date of service. Obtaining pre-service approval before rendering the services will expedite timely claims payment and prevent the need for CenCal to perform a post-service (retrospective) review.

A comprehensive list of services that require prior authorization is available on the CenCal Website at: https://www.cencalhealth.org/providers/authorizations/

Please note that authorization and payment is subject to member's eligibility at the time service is rendered. For questions, please contact the Health Services Department at (805) 562-1082.

On The Horizon: Technology Updates

Providers Have a Voice in CenCal Health's Technology Upgrades

CenCal Health's Provider Advisory Board (PAB) voted to form the Technology Sub-Committee in order to provide input and recommendations on many of the technological changes being made by CenCal Health. With new data requirements and a need to accommodate for an ever-changing industry, CenCal Health recognized that current systems could not accommodate growth nor adequately adapt to business changes. Members from the Provider Advisory Board or their designees were invited to participate on the monthly Technology Sub-Committee. Sub-committee members will provide input on such issues as the provider portal, collection of provider data and other technological changes.

If you'd like to participate on this sub-committee, contact Nancy Vasquez, Provider Services Operations Manager at (805) 617-1934. Sub-committee members should have familiarity with CenCal Health processes and the portal and will serve as the communication liaison between provider's organization and CenCal Health.
**Senate Bill (SB) 137 - Online Provider Directory**

State Legislation Senate Bill (SB) 137, is intended to give members accurate, up-to-date information about which doctors, hospitals, clinics and other providers are in a Health Plan’s network.

SB 137 requires health plans, among other requirements, to comply with the following requirements by July 1, 2016:

- Publish and maintain accurate provider directory or directories with information on contracting providers.
- Verify provider directory information with contracted providers on a periodic basis.
- Update the provider online directory weekly and printed directory quarterly.
- Ensure contracted providers notify the Health Plan when they are accepting new patients or no longer accepting new patients.

In order for CenCal to ensure compliance with this requirement, CenCal Health is excited to launch a new searchable online Provider Directory. Search features of the directory include: Provider Name, Specialty, Address or Location, Zip Code, NPI, Language spoken, Gender, and more.

Additionally, Providers will have the ability to verify, submit changes and attest to their practice information via the online Attestation feature. Providers will be prompted to review and attest their practice information every six months, as required by SB 137. Training and information will be available on CenCal Health’s website as well.

The online Provider Directory is accessible to Providers and Members and is located on the CenCal Health website at www.cencalhealth.org.

For questions, please contact the Provider Services Department at (805) 562-1676.

**Upcoming DHCS Audit – PCP Site Visits**

PCPs may be contacted by DHCS to schedule an onsite visit in early November 2017.

DHCS will conduct a routine medical audit of CenCal Health from November 7, 2017 through November 9, 2017. The DHCS audit will consist of an evaluation of CenCal Health’s compliance with its contract with DHCS and regulations in the following areas: utilization management, continuity of care, availability and accessibility, member rights, quality management, and administrative and organizational capacity. A component of the audit includes site visits of selected PCP offices to conduct medical record reviews of specific members’ records. DHCS nurse evaluators will collect copies of members’ medical records and conduct brief interviews with providers and/or staff regarding coordination of care.

Please be aware that DHCS, as a health oversight agency conducting activities necessary for appropriate oversight of government benefit programs, has the authority to review confidential information. See Title 45, Code of Federal Regulations, Subpart E, Sections 164.512, 164.506, and 164.512(d). We have been advised that the DHCS audit team has signed appropriate confidentiality agreements and will conduct any record reviews or staff interviews in accordance with HIPAA requirements.

If you have any questions, contact Sheila Thompson, Provider Services Quality and Credentialing Manager, at (805) 562-1677 or sthompson@cencalhealth.org.

**Labor Day Closure**

CenCal Health will be closed Monday, September 4, 2017 in observance of Labor Day.
Pharmacy Updates
September 2017

Reminder: Preferred Specialty Pharmacy

Diplomat Specialty Pharmacy (Diplomat) will be CenCal Health’s sole preferred vendor for mandatory specialty pharmacy medications effective September 1, 2017. CenCal Health patients previously obtaining their Specialty medications through Accredo Specialty Pharmacy will be transferred to Diplomat Specialty Pharmacy. Any specialty medications exclusive to Accredo will remain at Accredo Specialty Pharmacy.

CenCal Health patients on therapies that require a migration to Diplomat will also be receiving a letter about this benefit transition to Diplomat. An updated listed of Mandatory Diplomat Drugs will be listed on the CenCal Health Pharmacy Services Webpage on September 1, 2017.

For drugs requiring authorization, please continue to fax authorizations requests to (805) 685-7781. If you have any questions, please contact Diplomat at (877) 319-6337 or our CenCal Health Pharmacy Team at (805) 562-1080.

Formulary Update: Blood Glucose Test Strip Quantity Limit

Effective October 1, 2017, CenCal Health will implement a quantity limit for all blood glucose test strip prescriptions. The addition of a quantity limit aligns CenCal Health with State Medi-Cal and California Managed Medicaid health plans.

The preferred test strip will continue to be the Freestyle® brand by Abbott® with the following restrictions:

<table>
<thead>
<tr>
<th>CenCal Members with Diabetes Mellitus</th>
<th>Blood Glucose Test Strip Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Insulin Dependent Members</td>
<td>Maximum of #100 test strips/30 day supply</td>
</tr>
<tr>
<td>Insulin Dependent Members</td>
<td>Maximum of #200 test strips/30 day supply</td>
</tr>
</tbody>
</table>

Any request for quantities over the allowed amounts will require a prior authorization documenting medical necessity of the higher quantity. For any questions regarding this formulary update, please contact the CenCal Health Pharmacy Department at (805) 562-1080.

Revision from August Provider Bulletin, non-insulin dependent Gestational Diabetes members prescribed test strip quantities greater than #100 test strips/30 day supply will require a prior authorization documenting medical necessity for a quantity limit exception.